

## Medical Economics

# Free Clinics in California, 1971

A Socio-Economic Report of the Bureau of Research and Planning,  
California Medical Association

THE EMERGENCE DURING THE LAST several years of a drug-oriented sub-culture in American society has influenced the development of a new kind of center for the delivery of health care services, the free clinic. During the summer of 1967, the Haight-Ashbury Free Clinic, under the direction of David Smith, M.D., opened its doors to San Francisco's "street people." Since that time, a number of similar clinics have been started; offering a wide variety of services their development is frequently referred to as the "free clinic movement."

The importance of this new phenomenon for the delivery of health care services to a selected population group in California suggested the need for more definitive data about the various clinics currently functioning. This *Socio-Economic Report* contains highlights of findings from a questionnaire survey conducted among all such clinics in June 1971. In addition to general information, it provides examples of four distinct types of free clinics found in California. The detailed report of findings will be published in the near future.\*

### Origin and Development of the Movement

Although free clinics began in recognition of the need for treatment of drug abuse and drug-related problems, they are no longer restricted to providing services to the drug-oriented, youth

sub-culture. In addition to this group, free clinics often provide care to the poor of all ages, minority persons, and others to whom the established systems of health care delivery are not readily available or who are unwilling or unable to seek care in traditional health care centers or through physicians in private practice.

Free clinics are each designed to meet the needs of a particular community and therefore, since community needs vary, so do the clinics. Because of this, there does not seem to be any one feature that categorizes a particular operation as a "free clinic." Jerome Schwarz of the Department of Preventive Medicine at West Virginia School of Medicine formulated the following as a working definition of a free clinic for a nationwide survey: "... a program which provides medical, dental, psychological or drug care without charges or red tape."<sup>1</sup> Excluded from his definition are in-residence and methadone programs, counseling by ministers, drop-in referral centers, and programs aimed at a defined population or a categorical disease.

The Southern California Council of Free Clinics in Los Angeles restricts the definition of a free clinic to a licensed, private, non-profit neighborhood health and social service center. Excluded are health centers operating under the sponsorship of a city or county government, or a federal agency. In both cases, the concept of a free clinic implies, in addition to small or no charges per patient visit, confidentiality, and as non-judgmental a climate as is possible in staff attitudes towards patients.

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\*Included in this report will be a listing of all known free clinics throughout the state, detailed statistics on sponsorship, and sources of income and services provided, as well as the survey questionnaire used to compile the information.

## Data about Clinics Compiled by Questionnaire Survey

In June 1971 the Division of Socio-Economics and Research of the California Medical Association surveyed all 95 known clinics in California which seemed to fall into one of the above definitions of a free clinic. To date, 54 have responded; nine were excluded from the analysis because they do not provide any medical services at the clinic, but rather are "drop-in" referral centers, counseling centers, or in-residence treatment centers.

Of the 45 qualified respondents, 24 or approximately 53 percent are private, independent non-profit corporations. The Los Angeles County Health Department sponsors six clinics. Others are sponsored by private or community organizations, churches and neighborhood associations. One respondent, the American Indian Free Clinic, is sponsored by the Federal Economic and Youth Opportunities Agency. The Delta Health Project in Sacramento is sponsored by the Sacramento County Medical Association.

Sources of income for the free clinics vary considerably. Only three clinics, the American Indian Free Clinic, Delta Health Project and Long Beach Free Clinic receive any federal funds. Another ten are partially state funded and ten receive county funds. Other sources of income include community funds, group and individual donations, private foundation grants, fund raising events such as rock concerts, and street solicitations. One clinic, the Venice Community Family Health Center, has received financial assistance from the local district Los Angeles County Medical Association and from Area V of California Regional Medical Programs.

## Most Clinics Located in Major Metropolitan Areas

From the 45 responses it can be seen that free clinics function in at least 12 California counties. Los Angeles County alone accounted for 20 clinics, while San Francisco has seven. Responses were also received from four clinics in San Bernardino county, three each in Alameda and Orange counties, two in Riverside county, and one each in Mendocino, Monterey, Sacramento, San Mateo, Tulare and Ventura counties.

TABLE 1.—*Age Distribution of Population Served at 34 Free Clinics*

<i>Age</i>	<i>Number</i>	<i>Percent</i>
Under 15	4,000	12.7%
15-19	9,900	31.6
20-24	9,000	28.6
25-30	4,700	15.0
Over 30	3,800	12.1
Total	31,400	100.0

## Age and Income Data for Population Served

A total of 34 respondents indicated the average number of persons seen at the clinic each month and provided an estimate of age distribution of the population served. Table 1 shows the number and percent of the total 31,400 patients served each month by these clinics, according to age group. Approximately 75 percent of the persons seen at these clinics are between the ages of 15 and 30, while approximately 60 percent are between 15 and 24 years of age. Relatively few persons under 15 or over 30 are served at free clinics.

A total of 36 clinics provided estimates of the population served according to income levels. As might be expected, a high proportion of respondents (61 percent) reported that most or all of the population they serve are from families with lower income, that is, less than \$5,199. Only two clinics indicated that less than half of the population served were from lower income families and that 50 percent or more of the population were from higher income (\$7,600-\$10,500) families.

## Broad Range of Service Provided

Table 2 lists the types of medical and other services provided at the 45 responding clinics, along with the number and percent of clinics offering each type of service. Services provided by over 75 percent of the responding clinics include general medical care, birth control, abortion counseling, laboratory work, treatment of venereal disease, health education, and job and family counseling. Although 60 percent of the clinics provide treatment for drug abuse, only three, or 6.7 percent of the total, have outpatient methadone programs.

TABLE 2.—*Services Provided at 45 Responding Free Clinics*

<i>Medical services</i>	<i>Number</i>	<i>Percent</i>	<i>Other services</i>	<i>Number</i>	<i>Percent</i>
General medical care	37	82.2%	Health education	37	82.2%
Emergency treatment	29	64.4	Drug education	31	68.9
Dental services	13	28.9	Tutoring	10	22.2
Eye examinations	14	31.1	Counseling (job, family)	38	84.1
Ear examinations	17	37.8	Paramedical training	15	33.3
Problem pregnancy care	24	53.3	Legal services	18	40.0
Pre-natal care	18	40.0	Youth social services	15	33.3
Well-baby care	16	35.6	Draft physicals	6	13.3
Treatment of venereal disease	35	77.8	"Rap" groups	29	64.4
Birth control services	36	80.0			
Abortion counseling	34	75.6			
Laboratory work	34	75.6			
Psychiatric services	27	60.0			
Surgical	6	13.3			
Treatment of drug abuse	27	60.0			
Outpatient methadone	3	6.7			
Detoxification	14	31.1			

### Clinics Classified into Three Types

In his national survey of free clinics, Schwarz found that the clinics could generally be classified into three general types: neighborhood, "hippie," and youth. Neighborhood-type clinics are centers providing medical and/or dental care to families in areas where health services are not readily available. The population served is often from a particular minority group. Few neighborhood clinics offer treatment for problems relating to drug abuse. A hippie-type clinic, on the other hand, is one that provides some type of drug care (often including detoxification or rehabilitation) and serves many patients with drug-related illnesses. Youth-type clinics are also organized to give some drug care, although it is often limited to education and counseling. However, these clinics differ from hippie-type clinics in their sponsorship, having generally been developed and sponsored by adults, service clubs or other community groups concerned with problems of drug abuse among high-school students. These last two types of clinics also provide some types of general medical services.

### Drug Abuse Treatment Centers Also Surveyed

These three types of clinics, as well as a fourth type, a center organized solely for the treatment of drug abuse, were included in the survey. The

fourth type, the drug abuse treatment center, generally does not provide any medical care services such as general medical care, emergency treatment unrelated to drugs, and treatment for venereal disease. Numerically, 17 of the respondents may be classified as neighborhood clinics, 15 as hippie clinics, 7 as youth clinics, and 6 as drug treatment centers. Although these classifications are not totally finite in terms of defining clinics, each seems generally more representative of one type than another and has been so classified.

### Examples of Neighborhood Clinics

Two examples of neighborhood-type clinics are the Telegraph Hill Medical Clinic in San Francisco and the American Indian Free Clinic in Compton. The former serves the North Beach area of San Francisco, a community consisting largely of poor Chinese families. The clinic is staffed by one full-time and one part-time nurse and a part-time registrar who are paid by the city of San Francisco. Volunteer physicians include two pediatricians, two internists, an ophthalmologist, an orthopedist, a gynecologist and a dermatologist. It functions from 9.00 a.m. to 5:00 p.m., five days a week, to provide general medical care, emergency treatment, eye examinations, and light laboratory work. The city Department of Public Health utilizes the clinic

facilities once a week for well-baby care. In addition to these medical services, the clinic offers classes in health education, counseling services, youth social services and informal "rap" groups.

An estimated 340 individual persons are seen at the clinic each month; they average a total of 925 medical care visits. The majority of the population (94 percent) are from a lower economic group. Approximately 30 percent of the population served are under 15 years of age and 30 percent are over 30. The principal source of funding for the clinic is the City and County of San Francisco. If the patient can afford it, however, a minimum fee of \$1.00 is charged in order to help defray the clinic costs.

In January 1970 a group of Indians, with financial and technical assistance from Regional Medical Programs Area V, initiated the planning stages for the American Indian Free Clinic with the purpose of providing medical, dental, legal and other related services to anyone requesting them, but primarily to the estimated 60,000 American Indians of Los Angeles and surrounding communities. Three months later, under the direction of an all-Indian board of directors and an Indian administrator, the clinic began providing telephone information and referral services five afternoons a week by trained Indian aides. In October of the same year, the clinic facility was equipped and staffed to provide medical, dental, clinical and legal services two evenings a week. At present, approximately 300 persons are seen at the clinic each month; 250 of them seek medical care.

Approximately 50 percent of the population served by the clinic are under 15 years of age and 20 percent are over 30. The remaining 30 percent are approximately equally distributed within the 15 to 29 year age group. Half the population is estimated to be from families with incomes of less than \$5,199. Persons of moderate and higher income comprise 30 and 20 percent of the population, respectively.

### Examples of "Hippie" Clinics

The Haight-Ashbury Free Clinic in San Francisco and Long Beach Free Clinic are two examples of Schwarz's hippie-type clinic. An important concern of each is the treatment of drug abuse and drug-related illnesses. Both clinics

are staffed to offer drug detoxification. The majority of the population served at each clinic is between the ages of 15 and 25.

The Haight-Ashbury Medical Clinic, the national pilot project for all free clinics, is sponsored by Youth Projects, Inc., a private, non-profit corporation. Primary sources of income for the clinic include funding from private foundation grants for education and research and patient donations.

Although originally developed to study and treat the abuses of psychedelic drugs, the health care needs of the population served demanded rapid expansion of the facilities and services provided. At present the clinic is divided into six separate sections: (1) medical care (including birth control and abortion counseling), (2) dentistry, (3) psychiatric care, (4) heroin detoxification, (5) treatment for drug abuse other than heroin, and (6) a publications department which periodically publishes *The Journal of Psychedelic Drugs*. Like all clinics surveyed, the Haight-Ashbury Free Clinic makes referrals to other health agencies, hospitals and voluntary agencies such as VD treatment centers.

The clinic is one of the largest in California, with an average of 3,000 client-visits per month. The professional staff includes one full-time and 30 part-time volunteer physicians. Other staff include over 100 nurses, psychologists, lay therapists, other paramedical personnel and community volunteers. Although some paramedical personnel are paid, most services are provided on a voluntary basis.

The Long Beach Free Clinic is the largest free clinic in Southern California, averaging 2,300 monthly visits by approximately 1,600 persons. Although no record is kept on the economic status of the population served, it is estimated that the majority are from families with lower income. Approximately 46 percent of persons seen are between the ages of 15 and 20 and 33 percent are between 21 and 24. Only 4 percent are under 15 years of age.

The Long Beach Free Clinic is currently organizing a medical advisory committee whose function will be to advise the medical director on policies, medical functions, and how to deal with problems in providing medical services. The Clinic draws from the services of approximately 60 volunteer physicians representing a

variety of specialties. Additionally, approximately 40 nurses, 50 to 60 other paramedical personnel and 300 community workers volunteer their services to the clinic on a part-time basis.

Besides regular medical, dental and psychiatric services, the clinic has an extensive drug abuse program. In January 1969 the clinic became the first facility in Los Angeles County to do outpatient heroin detoxification and in January 1971, the first non-government facility in Southern California to do outpatient barbiturate detoxification. Detoxification includes physician prescribed non-narcotic medication and psychiatric crisis and group counseling as well as certain social services. The clinic also offers counseling and medical services for amphetamine and psychedelic drug abusers.

### Examples of Youth Clinics

Two examples of youth-type free clinics are the Youth Service Center of Riverside, Inc. and the Van Nuys Youth Clinic.

The Van Nuys Youth Clinic is one of five respondents sponsored by the Los Angeles County Health Department. The other four include Hawaiian Gardens Youth Clinic, Santa Fe Springs Youth Clinic, Northeast Health Center and Southeast Health Center. Each clinic has a clinic coordinator or administrator who functions under the health department's Youth Clinics Medical Director.

Approximately 1,700 persons are seen at Van Nuys Youth Clinic each month. Approximately 80 percent are between the ages of 15 and 25, with just 5 percent under 15 years of age. It is interesting to note that 75 percent of persons served are from higher income families and only 5 percent are from the lowest income group. This is not the case, however, in three of the other Los Angeles County youth clinics responding to the survey, (Hawaiian Gardens, Northeast and Southeast), where low income persons comprise between 70 and 100 percent of the population served. Statistics on socioeconomic background are not available for Sante Fe Springs Youth Clinic.

The volunteer staff of Van Nuys Youth Clinic includes nine therapists, six community workers and five social workers. Nine physicians, two nurses, two psychologists, one social worker, one

health director, one nutritionist, and one laboratory technician are reimbursed for their services on an hourly basis.

Youth Service Center of Riverside, Inc., is a private, non-profit corporation. Funding for the center comes from a variety of sources including United Fund, Junior League, and the California Council on Criminal Justice. The center also has a contract with the Riverside Unified School District to teach remedial reading skills to high-school students. A part-time medical director and a medical advisory committee meets informally on an "as needed" basis. The committee also acts as liaison with the Riverside County Medical Association, which has endorsed the clinic.

With the exception of one person who is paid on an hourly basis to keep accurate inventory of equipment and supplies, all persons providing services at the center are volunteers. Professional volunteers include approximately 25 physicians, 25 nurses and five psychologists. The center has over 200 community volunteers, including 95 remedial reading instructors and other paraprofessionals trained at the center. In addition to regular medical services, psychiatric and legal services, the center offers a summer camping program and an older brother-sister program. All services are free, voluntary and confidential.

### One Example of a Drug Clinic

Although not always referred to as free clinics, drug-type clinics were included in the survey because of the many common goals and interests they share with free clinics, such as concern for young alienated members of society. Frequently, services offered by drug treatment centers include all those of the free clinics with the exception of general medical care and dental care. One such organization that is philosophically and organizationally very similar to the hippie-type free clinic is Do It Now Foundation in Hollywood. This is a national, educational foundation, supported through the sales of printed and other types of education material about drugs. The foundation in Hollywood has a medical director on call 24 hours a day and a medical advisory committee on research and treatment of drug-induced medical problems.

The staff of the center includes one physician in community medicine and 30 interns and resi-

dents from the University of Southern California Medical Center, two psychologists, five lay therapists, 15 paramedical personnel with extensive drug experience and six community volunteers. All services provided at the center relate to the use of drugs. General medical care for drug-related illnesses and emergency treatment for drug overdose is provided. Laboratory analysis of drugs, drug counseling and encounters, and detoxification are also provided at the center. The foundation is currently developing an outpatient methadone program. Other services include some types of health education, extensive drug education, paramedical training, legal services and suicide prevention.

Publications of the Foundation include pamphlets discussing the abuses of various kinds of drugs such as amphetamines, barbiturates, heroin, and speed; a cartoon publication developed especially for ages 8 through 12 as an effective approach to preventive drug education; and educational, peer-oriented record album with music by contemporary, well known musicians; and a special packet of educational material for teachers, counselors and administrators. The foundation also publishes a newspaper containing peer-group facts and news about drugs.

### Coordination Can Prevent Wasted Energies

The primary goal of all free clinics is to provide patients with quality health care and related services. Since the movement began, however, clinics have had to face continual crisis situations in funding, staffing and community relations. With each clinic struggling to maintain its own existence, problems may also arise between clinics—such as competition for community support, geographic location and overlapping services. In 1970 the free clinics in Southern California developed a council of free clinics to aid in solving some of their shared problems. Of prime importance to the council was the preservation of each individual clinic's independence and individuality.

The Southern California Council of Free Clinics (SCCFC) consists of a board of directors composed of a representative from each of 22 member clinics and an advisory board whose function is to assist and advise the council in areas such as comprehensive health planning,

fund raising, public relations and legal affairs. SCCFC has received financial support from Regional Medical Programs Area V and the Economic and Youth Opportunities Agency of Greater Los Angeles.

### Relationships with Medical Societies

Among the goals of SCCFC is furthering the acceptability and cooperation of the medical and general communities. Survey respondents were asked whether they had sought the advice or assistance of their county medical society. Of the 45 respondents, 27 (60 percent) had done so. The types of assistance and cooperation free clinics would like the medical community to provide is reflected in their comments.

Three responding clinics have received some assistance or have been endorsed by their local medical societies. One, the Delta Health Project, is sponsored by the Sacramento County Medical Society. As mentioned above, Venice Community Family Health Center is partially funded by the local medical society. A spokesman for the Youth Service Center of Riverside stated, "We are proud to be endorsed by the Riverside County Medical Association and enjoy a good level of communication with their officers." Two other clinics reported that they have occasionally contacted local medical societies for referral purposes or for volunteer physicians or supplies.

The remaining 15 respondents who commented on this question indicated that medical societies are reluctant to support free clinic facilities. One respondent attributed this reluctance to a lack of knowledge or misconceptions of the extent of the problems and goals of the free clinics. The willingness of most free clinics to provide the California Medical Association with information concerning themselves suggests their desire to acquaint members of organized medicine with the problems and needs of the free clinic community. Their responses to the survey also seem to indicate that some free clinics are not merely willing to accept, but may actively welcome, assistance from the medical community as it is represented by county and state medical societies.

### REFERENCE

1. Schwarz JL: Free health clinics: What are they? *Health Rights News* 4:5, Jan 1971